### FIREARMS DEALER PERMIT

### SAN DIEGO POLICE DEPARTMENT - POLICE PERMITS/LICENSING 1400 'E' STREET- M.S. 735, SAN DIEGO, CA. 92101 (619) 531-2250

In order to apply for the local regulatory permit for retail sales of firearms please submit the following items:

- □ Completed <u>Firearm Dealer Application</u>, and <u>APPLICATION-BUS ADDENDUM</u>, and <u>Employee Supplemental</u>, and <u>Employee Supplemental 2</u>
- ☐ Investigative Fee Cash, check, cashier's check or money order for a non-refundable Investigative Fee of \$104.00 per new employee must be submitted along with the application. (Please make check, cashier's check or money order payable to CITY TREASURER.)
- Regulatory Fee Check, cashier's check or money order for an annual Regulatory Fee of \$660.00 must be submitted along with your application. This fee will be deposited upon approval. (Please make check, cashier's check or money order payable to CITY TREASURER.)

Each new employee who handles, delivers, sells, shows or displays firearms is required to submit Live Scan fingerprints. Secondhand Dealers/Pawnbrokers only - require two separate live scans, one set is for the Department of Justice for the State issued Second Hand Dealer License and the other set is for the San Diego Police Department Firearms Permit.

Effective July 1, 2005, each *new employee* shall also provide the San Diego Police Department with a non-refundable Investigative Fee of \$104.00.

Live Scan Fingerprints are required for all new employees. Fill out the attached "Request for Live Scan Service" form(s) and bring with you to a Live Scan agency. One form is for the Department of Justice and one form is for San Diego Police Department. You will then need to forward a copy of the Request form(s) to SDPD along with your new application. See Attached List of locations. Note: Completed Live Scan forms must be submitted with the application within thirty days from the date the prints were taken. If the applicant resides outside of the San Diego area go to the Attorney General's website to locate approved Governmental Agency locations for Live Scan services.

www.ag.ca.gov/fingerprints/publications/contact.htm

- □ Copy of valid <u>Business Tax Certificate</u> (619) 615-1500.
- □ Copy of valid State Certificate of Eligibility (916) 227-2334.
- □ Copy of valid Sellers Permit (619) 525-4526.
- □ Copy of valid Federal Firearms License (619) 446-0740.
- □ Copy of Zoning Use Certificate (Retail Sales) (619) 446-5000 / (619) 446-5460 (Zoning Use).
- □ Copies of any special permits issued by the Department of Justice (916) 227-3694.
- Copy of valid State Secondhand Dealers/Pawnbroker License. A secondhand/pawnbroker dealers license is required if you buy, sell, trade, or consign any secondhand guns (an additional Live Scan is required for Secondhand Dealers/Pawnbrokers) (619) 531-2437.
- Copy of current Articles of Incorporation and Amendments.
- Copy of current Registered Fictitious Business Name-Recorder/County Clerk (619) 237-0502.
- □ Copy of your current lease/rental agreement from your landlord or property title.

### CENTRALIZED LIST REMINDER:

Upon approval you are required to make an application to be recorded on the California Department of Justice Centralized List (CFD number). Please contact DOJ for application. (916) 227-2328

- No OUT OF STATE CHECKS will be accepted.
- A criminal record check will be made on each employee.
- There is a 30-day investigation period that starts at the time your application is submitted.



# SAN DIEGO POLICE DEPARTMENT - PERMITS AND LICENSING

1400 'E' STREET, MS-735, SAN DIEGO, CA 92101

Telephone No.: (619) 531-2250



# **APPLICATION**

□ Employee	□ Partner	☐ Corporate	Officer	□ LLC
	Driver's License/ID #:			State:
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	City, State	e, Zip:		
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ete Addresses last fiv	e years	Year Date	From	Year Date To
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2. Li	ist previous (	occupations,	places of	employment	and/or so	chooling fo	r the last	five (5)	vears.
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3. List <u>similar</u> permits or licenses issued by any agency or board, or any city, county, state or federal agency in the past five (5) years. <u>IF NONE, INITIAL HERE</u>:

	TYPE OF LICENSE	LICENSE NUMBER	DATES HELD	CITY AND STATE
1.		*		
			g:	
2.				
2				
3.				

4. Have you ever had any permit or license issued by any agency or board, or any city, county, state or federal agency suspended or revoked? Yes () No ()

If yes, please complete below:

CITY/STATE	DATE OF SUSPENSION OR REVOCATION	REASON
1.		
2.		
3.		

Police Permit Application Page 3 of 3

	CHARGE	DATE CONVICTED	LOCATION OF COURT
d corre	ect to the best of my knowledge and bon or loss of licensure and that I may  WARE THAT THE INVESTIGAT  EING FAMILIAR WITH AND C	elief. I understand that any false state be subject to prosecution per section I  ION FEE IS NON-REFUNDABLE  OMPLYING WITH THE RULES  OCCUPATION FOR WHICH I A	iding accompanying documents, are true, of the ments or information are grounds for denication 1.0401(b) of the San Diego Municipal Co. I AM AWARE THAT I AM RESPONDAND REGULATIONS RELATED TOM APPLYING. I AM AWARE THA
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PLEASE BE ADVISED THE INFORMATION YOU PROVIDE ON YOUR APPLICATION MAY BE SUBJECT TO PUBLIC DISCLOSURE PER THE CALIFORNIA PUBLIC RECORDS ACT.



### **Police Permit Application** BUSINESS ADDENDUM

SAN DIEGO POLICE DEPARTMENT 1400 'E' STREET · M.S. 735 · SAN DIEGO, CA 92101

### PLEASE COMPLETE ALL SECTIONS IF APPLICABLE



(TYPE OR PRINT LEGIBLY) TYPE OF PERMIT: LOCATION: ☐ Sole Owner ☐ Partnership  $\square$  Corporation Business Name: \_\_\_\_\_ D.B.A. \_\_\_ \_\_\_\_\_ City & Zip: \_\_\_\_\_ Business Address : \_\_\_ Mailing Address: \_\_\_\_ City & Zip: Business Tax Certificate # LIST ALL FICTITIOUS NAMES THE BUSINESS WILL OPERATE OR ADVERTISE UNDER: FICTITIOUS NAME PHONE# 3 IF APPLICANT IS A CORPORATION: NAME OF CORPORATION AS SHOWN IN ARTICLES OF INCORPORATION OR CHARTER DATE OF INCORPORATION STATE OF INCORPORATION NAMES AND RESIDENCE ADDRESSES OF EACH CURRENT CORPORATE OFFICER AND DIRECTOR: **NAME** RESIDENCE ADDRESS TITLE PRESIDENT VICE PRESIDENT **SECRETARY** TREASURER FOR OFFICE USE ONLY DATE FILED: RECEIVED BY: DEVELOPMENT SERVICES - ZONING FIRE & LIFE SAFETY DEPARTMENT APPROVED BY: APPROVED BY: DATE: PHONE: DATE: PHONE: APPROVING OFFICER:

DATE:

F PARTNERSHIP, LIST NAME AND RESIDENC	E ADDRESS OF EACH PARTNER.	INCLUDING LIMITED PARTNERS:
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NAME	RESIDENCE ADDRESS	TITLE	
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LIST FULL TRUE NAME AND AT THE OPERATION, MANAGEMEN OPERATION OF THE BUSINESS:	NY OTHER NAMES USED BY THE OWNERS AN NT, DIRECTION OR POLICY OF THE BUSINESS	ID ANY PERSONS WHO , OR WHO ARE RESPON	EXERCISE CONTROL OVER SIBLE FOR THE DAILY
FULL NAME		TITLE	
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2			.2
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APPLICANT'S PREMISES ARE	□ OWNED □ LEASED/RENTED		<u> </u>
	E PROVIDE THE NAME AND ADDRESS OF THE	PROPERTY OWNER(S)	
PROPERTY OWNER'S NAME			<u> </u>
TROI ERTT OWNER STVAIME	PROPERTY OWNER'S ADDRE	SS	PHONE #
APPLICANTS: The right of rea representatives of the police deparentry into the non-public portion	sonable inspection shall be a condition for issuant ment shall have access to the business premise of the business.	nce of a police permit. It	f a permit is issued, s hours, which may include
It is the responsibility of the perm permit. Failure to renew on time (30) days after the permit expirate must cease. A permittee must the Code)	nit holder to renew the permit no later than ten () will result in penalty fees. If a renewal is not coion date, the permit expires and business operation begin the application process as a new application	10) calendar days after the omplete with all fees and tons, occupations, or activant. (Section 33.0308 of the original tons)	ne expiration date on the penalties paid within thirty vities allowed by the permit the San Diego Municipal
	that the statements made on this application, in wledge and belief. I understand that any false st e subject to prosecution per section 11.0401(b) of		
I AM AWARE THAT THE AP FOR BEING FAMILIAR WIT POLICE REGULATED BUSIN OF A POLICE PERMIT DOES THE CITY OF SAN DIEGO, O PERMIT DOES NOT RELIEV LAWS, INCLUDING THOSE I REGULATIONS. I AM AWA	PLICATION FEE IS NON-REFUNDABLE. H AND COMPLYING WITH THE RULES IS SOR OCCUPATION I AM APPLYING SONOT RELIEVE ME FROM OBTAINING FOR STATE OR FEDERAL LAW. I AM AWARD E ME FROM COMPLYING WITH ALL AI RELATED TO BUILDING, ZONING, AND RE THAT THE GRANTING OF A POLICE THE PROPERTY OR BUSINESS.	I AM AWARE THAT AND REGULATIONS FOR. I AM AWARE T PERMITS OR APPRO ARE THAT THE GRAP PLICABLE LOCAL, S	I AM RESPONSIBLE RELATED TO THE THAT THE GRANTING VALS REQUIRED BY NTING OF A POLICE STATE, AND FEDERAL
APPLICANT'S SIGNATURE		DATE OF APPLICA	ATION
RESPONSIBLE PERSON COMPLETING	G APPLICATION IF NOT APPLICANT - PRINT & SIGN	TITLE/POSITION	

Rev. 07/01/09 mr

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# FIREARMS DEALER LICENSE APPLICATION SUPPLEMENTAL

□ EMPLOYEE SUPPLEMENTAL DATE				
NAME OF BUSINESS	BUSINESS	INFORMATI	ON	
LEGAL NAME (IF DIF	FERENT)			
BUSINESS ADDRESS	9			
				/
	COMPANY	EMPLOYER	Z.S.	
NAME (LAST) (FIRST) (M IDDLE)		SSN#	HEIGHT	WEIGHT
RESIDENCE ADDRESS	DRIVERS LICENSE	NUMBER	HAIR	EYES
HOME PHONE	STATE			
OTHER NAMES USED (Alias-Maiden):	DATE OF BIRTH	MO DY YR		[ ] YES [ ] NO EXPIRATION
			BIRTHPLACE	
List all criminal convictions, except traffic convic	ctions. Include plea	adings of guilty to a le	sser charge in satisfaction	of, or as a substitute for,
an original charge, and pleadings of nolo contend	lere. Expunged co	nvictions must be liste	d per California Penal Co	ode Section 1203.4 (a).
If none, initial here:				
CHARGE	DATE	CONVICTED	LOCATIO	N OF COURT
NAME (LAST) (FIRST) (MIDDLE)		CCN#	UEICHT	WEIGHT
NAME (LAST) (FIRST) (M IDDLE)		SSN#	HEIGHT	WEIGHT
NAME (LAST) (FIRST) (M IDDLE)  RESIDENCE ADDRESS	DRIVERS LICENSE N		HEIGHT HAIR	WEIGHT
RESIDENCE ADDRESS  HOME PHONE	DRIVERS LICENSE N		HAIR U.S. CITIZEN	EYES   NO
RESIDENCE ADDRESS	DRIVERS LICENSE N	TUMBER	HAIR U.S. CITIZEN VISA #	EYES
RESIDENCE ADDRESS  HOME PHONE OTHER NAMES USED (Alias-Maiden):	DRIVERS LICENSE N STATE DATE OF BIRTH	NUMBER  MO DY YR	HAIR  U.S. CITIZEN  VISA #  BIRTHPLACE	EYES   NO EXPIRATION
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RESIDENCE ADDRESS  HOME PHONE OTHER NAMES USED (Alias-Maiden):  List all criminal convictions, except traffic convic an original charge, and pleadings of nolo contend If none, initial here:  CHARGE  NAME (LAST) (FIRST) (M IDDLE)  RESIDENCE ADDRESS  HOME PHONE	DRIVERS LICENSE N STATE  DATE OF BIRTH  etions. Include please. Expunged con DATE of BIRTH	MO DY YR  adings of guilty to a less of suitty	HAIR  U.S. CITIZEN VISA # BIRTHPLACE  SSET charge in satisfaction d per California Penal Co  LOCATIO  HEIGHT  HAIR  U.S. CITIZEN VISA # BIRTHPLACE	EYES    YES   NO   NO
RESIDENCE ADDRESS  HOME PHONE OTHER NAMES USED (Alias-Maiden):  List all criminal convictions, except traffic convic an original charge, and pleadings of nolo contend If none, initial here:  CHARGE  NAME (LAST) (FIRST) (M IDDLE)  RESIDENCE ADDRESS  HOME PHONE OTHER NAMES USED (Alias-Maiden):	DRIVERS LICENSE N STATE  DATE OF BIRTH  etions. Include please of the best of	MO DY YR  adings of guilty to a less of suits and suits	HAIR  U.S. CITIZEN VISA # BIRTHPLACE  SSER charge in satisfaction d per California Penal Co  LOCATIO  HEIGHT  HAIR  U.S. CITIZEN VISA # BIRTHPLACE  SSER charge in satisfaction	EYES    YES   NO   NO
RESIDENCE ADDRESS  HOME PHONE OTHER NAMES USED (Alias-Maiden):  List all criminal convictions, except traffic convic an original charge, and pleadings of nolo contend If none, initial here:  CHARGE  NAME (LAST) (FIRST) (M IDDLE)  RESIDENCE ADDRESS  HOME PHONE OTHER NAMES USED (Alias-Maiden):  List all criminal convictions, except traffic convic an original charge, and pleadings of nolo contend If none, initial here:	DRIVERS LICENSE N STATE DATE OF BIRTH  DATE OF BIRTH  DATE OF BIRTH  DATE OF BIRTH  tions. Include pleasere. Expunged constants	MO DY YR  adings of guilty to a less of suits and suits a less of suits and	HAIR  U.S. CITIZEN VISA # BIRTHPLACE  SSER charge in satisfaction d per California Penal Co  LOCATIO  HEIGHT  HAIR  U.S. CITIZEN VISA # BIRTHPLACE  SSER charge in satisfaction d per California Penal Co	EYES    YES   NO   NO
RESIDENCE ADDRESS  HOME PHONE OTHER NAMES USED (Alias-Maiden):  List all criminal convictions, except traffic convic an original charge, and pleadings of nolo contend If none, initial here:  CHARGE  NAME (LAST) (FIRST) (MIDDLE)  RESIDENCE ADDRESS  HOME PHONE OTHER NAMES USED (Alias-Maiden):  List all criminal convictions, except traffic convic an original charge, and pleadings of nolo contend	DRIVERS LICENSE N STATE DATE OF BIRTH  DATE OF BIRTH  DATE OF BIRTH  DATE OF BIRTH  tions. Include pleasere. Expunged constants	MO DY YR  adings of guilty to a less of suits and suits	HAIR  U.S. CITIZEN VISA # BIRTHPLACE  SSER charge in satisfaction d per California Penal Co  LOCATIO  HEIGHT  HAIR  U.S. CITIZEN VISA # BIRTHPLACE  SSER charge in satisfaction d per California Penal Co	EYES    YES   NO   NO
RESIDENCE ADDRESS  HOME PHONE OTHER NAMES USED (Alias-Maiden):  List all criminal convictions, except traffic convic an original charge, and pleadings of nolo contend If none, initial here:  CHARGE  NAME (LAST) (FIRST) (M IDDLE)  RESIDENCE ADDRESS  HOME PHONE OTHER NAMES USED (Alias-Maiden):  List all criminal convictions, except traffic convic an original charge, and pleadings of nolo contend If none, initial here:  CHARGE	DRIVERS LICENSE N STATE DATE OF BIRTH  DATE OF BIRTH  DATE OF BIRTH  DATE OF BIRTH  tions. Include pleasere. Expunged constants	MO DY YR  adings of guilty to a less of suits and suits a less of suits and	HAIR  U.S. CITIZEN VISA # BIRTHPLACE  SSER charge in satisfaction d per California Penal Co  LOCATIO  HEIGHT  HAIR  U.S. CITIZEN VISA # BIRTHPLACE  SSER charge in satisfaction d per California Penal Co  LOCATIO	EYES    YES   NO   NO   EXPIRATION
RESIDENCE ADDRESS  HOME PHONE OTHER NAMES USED (Alias-Maiden):  List all criminal convictions, except traffic convic an original charge, and pleadings of nolo contend If none, initial here:  CHARGE  NAME (LAST) (FIRST) (M IDDLE)  RESIDENCE ADDRESS  HOME PHONE OTHER NAMES USED (Alias-Maiden):  List all criminal convictions, except traffic convic an original charge, and pleadings of nolo contend If none, initial here:	DRIVERS LICENSE N STATE DATE OF BIRTH  DATE OF BIRTH  DATE OF BIRTH  DATE OF BIRTH  tions. Include pleasere. Expunged constants	MO DY YR  adings of guilty to a less of suits and suits a less of suits and	HAIR  U.S. CITIZEN VISA # BIRTHPLACE  SSER charge in satisfaction d per California Penal Co  LOCATIO  HEIGHT  HAIR  U.S. CITIZEN VISA # BIRTHPLACE  SSER charge in satisfaction d per California Penal Co	EYES    YES   NO   NO

#### FIREARMS DEALER LICENSE APPLICATION SUPPLEMENTAL □ EMPLOYEE **SUPPLEMENTAL** DATE **COMPANY EMPLOYEES** NAME (LAST) (M IDDLE) (FIRST) HEIGHT WEIGHT RESIDENCE ADDRESS DRIVERS LICENSE NUMBER HAIR HOME PHONE DATE OF BIRTH MO DY YR U.S. CITIZEN [ ] YES | | NO OTHER NAMES USED (Alias-Maiden): VISA # EXPIRATION BIRTHPLACE List all criminal convictions, except traffic convictions. Include pleadings of guilty to a lesser charge in satisfaction of, or as a substitute for, an original charge, and pleadings of nolo contendere. Expunged convictions must be listed per California Penal Code Section 1203.4 (a). If none, initial here: CHARGE DATE CONVICTED LOCATION OF COURT NAME (LAST) (FIRST) (M IDDLE) SSN# HEIGHT WEIGHT RESIDENCE ADDRESS DRIVERS LICENSE NUMBER HAIR EYES HOME PHONE DATE OF BIRTH MO DY U.S. CITIZEN I I YES 1 1 NO OTHER NAMES USED (Alias-Maiden): VISA # **EXPIRATION** BIRTHPLACE List all criminal convictions, except traffic convictions. Include pleadings of guilty to a lesser charge in satisfaction of, or as a substitute for, an original charge, and pleadings of nolo contendere. Expunged convictions must be listed per California Penal Code Section 1203.4 (a). If none, initial here:-CHARGE DATE CONVICTED LOCATION OF COURT NAME (FIRST) (M IDDLE) (LAST) HEIGHT SSN # WEIGHT RESIDENCE ADDRESS DRIVERS LICENSE NUMBER EYES STATE HOME PHONE DATE OF BIRTH MO DY YR U.S. CITIZEN I I YES [ ] NO OTHER NAMES USED (Alias-Maiden): VISA# **EXPIRATION** BIRTHPLACE List all criminal convictions, except traffic convictions. Include pleadings of guilty to a lesser charge in satisfaction of, or as a substitute for, an original charge, and pleadings of nolo contendere. Expunged convictions must be listed per California Penal Code Section 1203.4 (a). If none, initial here: CHARGE DATE CONVICTED LOCATION OF COURT NAME (FIRST) (M IDDLE) (LAST) HEIGHT SSN# WEIGHT RESIDENCE ADDRESS DRIVERS LICENSE NUMBER HAIR EYES STATE HOME PHONE DATE OF BIRTH MO DY YR U.S. CITIZEN [ ] YES I I NO OTHER NAMES USED (Alias-Maiden): VISA# EXPIRATION BIRTHPLACE List all criminal convictions, except traffic convictions. Include pleadings of guilty to a lesser charge in satisfaction of, or as a substitute for, an original charge, and pleadings of nolo contendere. Expunged convictions must be listed per California Penal Code Section 1203.4 (a). If none, initial here: CHARGE DATE CONVICTED LOCATION OF COURT NO $\square$ Fingerprint records on all new employees? YES $\square$ YES $\square$ NO $\square$ Current list of employees submitted?

SUPPLEMENTAL CONT'D	COMPAN	Y EMPLOYEI	ES	
NAME (LAST) (FIRST) (MIDE		SSN#	HEIGHT	WEIGHT
RESIDENCE ADDRESS	DRIVERS LICENS	E NUMBER	HAIR	EYE S 1
	STATE			*
HOME PHONE	DATE OF BIRTH	MO DY YR	U.S. CITIZEN	[] YES [] NO
OTHER NAMES USED (Alias-Maiden):	BIRTHPLACE:		VISA #	EXPIRATION
List all criminal convictions, except traffic convict	45 - 134	dings of quilty to a less	er charge in satisfaction o	f or as a substitute for
an orginal charge, and pleadings of nolo contende		0		
	re. Expunged con	victions must be fisted	per Camornia Penai Cod	e Section 12034(a)
If none, initial here:				
CHARGE	DATI	E CONVICTED	LOCATIO	N OF COURT
NAME (LAST) (FIRST) (MIDI	DLE)	SSN #	HEIGHT	WEIGHT
RESIDENCE ADDRESS	DRIVERS LICENS	E NUMBER	HAIR	EYE S
	STATE			
HOME PHONE	DATE OF BIRTH	MO DY YR	U.S. CITIZEN	[] YES [] NO
OTHER NAMES USED (Alias-Maiden):			VISA#	EXPIRATION
List all ariminal convictions arount traffic convict	BIRTHPLACE:	lings of suite to a loss		£
List all criminal convictions, except traffic convict			=	5 15
an orginal charge, and pleadings of nolo contende	re. Expunged con	victions must be listed	per California Penal Cod	e Section 12034(a)
If none, initial here:				
CHARGE	DATI	E CONVICTED	LOCATIO	N OF COURT
APPLICANTS: THE RIGHT OF REASONABLE INSPERED REPRESENTATIVES OF THE POLICE DEPARTMENT INCLUDE ENTRY INTO THE NON-PUBLIC PORTION	WILL HAVE ACCE	SS TO THE BUSINESS PE		
I DECLARE UNDER PENALTY OF PERJURY THAT THE KNOWLEDGE AND BELIEF. I UNDERSTAND THE APPLICATION AND THAT I AM SUBJECT TO PROSE ARE NON-REFUNDABLE.	HAT ANY FALSE	STATEMENTS OR INF	ORMATION ARE GROUN	DS FOR DENIAL OF THIS
IT IS THE RESPONSIBILITY OF THE PERMIT HOL FAILURE TO RENEW ON TIME WILL RESULT IN PEN WITH ALL FEES AND PENALTIES PAID WITHIN ALLOWED BY THE PERMIT MUST CEASE. A PERMI	NALTY FEES <b>(\$25 F</b> 30 DAYS AFTER '	LUS 10% OF THE REG	ULATORY FEE). IF A REMION DATE, THE PERMIT	NEWAL IS NOT COMPLETED EXPIRES AND ACTIVITIES
I AM AWARE THAT THE APPLICATION FEE IS NO COMPLYING WITH THE RULES AND REGULATIO APPLYING. I AM AWARE THAT THE GRANTING REQUIRED BY THE CITY OF SAN DIEGO OR STAT RELIEVE ME FROM COMPLYING WITH ALL APPL ZONING, AND FIRE, AND OTHER PUBLIC SAFETY R DEVELOPMENT RIGHTS IN THE PROPERTY OR BUAPPLICATION AND FINGERPRINT CARDS IMMEDIATED	NS RELATED TO OF A POLICE PER E OR FEDERAL LA ICABLE LOCAL, S EGULATIONS. I AI JSINESS. I AM A	THE POLICE REGULATION MIT DOES NOT RELIE AW. I AM AWARE THAT TATE, AND FEDERAL M AWARE THAT THE GO WARE THAT I AM RE	TED BUSINESS OR OCCU VE ME FROM OBTAINING AT THE GRANTING OF A D LAWS, INCLUDING THOS RANTING OF A POLICE PE CSPONSIBLE FOR SUBMI	PATION FOR WHICH I AM G PERMITS OR APPROVALS POLICE PERMIT DOES NOT E RELATED TO BUILDING, RMIT DOES NOT VEST ANY
	API	PROVED		
Applicant's Signature Da	ate DI	ENIED Rev	iewing Officer	Date
Fingerprint on all new employees? Current list of employees submitted?			Yes [ ] No [ ] Yes [ ] No [ ]	

APPLICATION CONT'I	COMPA	NY EMI	PLOYEES	ie .	1
NAME (LAST) (FIRST)	(MIDDLE)		SSN #	HEIGHT	WEIGHT
RESIDENCE ADDRESS	DRI	VERS LICENSE	NUMBER	HAIR	EYE S
	STAT			IIAIK	EYES
HOME PHONE		E OF BIRTH	MO DY YR	U.S. CITIZEN	[] YES [] NO
OTHER NAMES USED (Alias-Maiden):				VISA#	EXPIRATION
		HPLACE:			
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an orginal charge, and pleadings of nolo	contendere. Ex	punged conv	victions must be liste	d per California Penal Co	de Section 12034(a)
If none, initial here:					
CHARGE		DATE	CONVICTED	LOCATIO	NOT COURT
CHARGE		DATE	CONVICTED	LUCATIO	ON OF COURT
NAME (LAST) (FIRST)	(MIDDLE)		SSN#	HEIGHT	WEIGHT
, , ,	(		557111	maron.	WEIGHT
RESIDENCE ADDRESS		VERS LICENSE	NUMBER	HAIR	EYE S
WOLED THE STATE OF	STAT				
HOME PHONE	DAT	TE OF BIRTH	MO DY YR	U.S. CITIZEN	[ ] YES [ ] NO
OTHER NAMES USED (Alias-Maiden):	PIP	EMBL A CE		VISA #	EXPIRATION
List all criminal convictions, except traff		THPLACE:	ings of quilty to a los		-6
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an orginal charge, and pleadings of nolo	contendere. Ex	punged conv	ictions must be liste	d per California Penal Co	de Section 12034(a)
If none, initial here:					
CHARGE		DATE	CONVICTED	LOCATIO	ON OF COURT
APPLICANTS: THE RIGHT OF REASONAB	LE INSPECTION	SHALL BE A	CONDITION FOR ISS	UANCE OF A POLICE PERN	MIT. IF A PERMIT IS ISSUED.
REPRESENTATIVES OF THE POLICE DEPA					
INCLUDE ENTRY INTO THE NON-PUBLIC I					
I DECLARE UNDER PENALTY OF PERJURY	THAT THE STA	ATEMENTS M	ADE ON THIS APPLIC	CATION ARE TRUE AND CO	ORRECT TO THE BEST OF MY
KNOWLEDGE AND BELIEF. I UNDERS					
APPLICATION AND THAT I AM SUBJECT					
ARE NON-REFUNDABLE.			-(-,		
IT IS THE RESPONSIBILITY OF THE PER	MIT HOLDER	O RENEW T	HE PERMIT NO LA	FER THAN 10 DAVS AFT	FR THE EXPIRATION DATE
FAILURE TO RENEW ON TIME WILL RESU					
WITH ALL FEES AND PENALTIES PAID					
ALLOWED BY THE PERMIT MUST CEASE.					
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I AM AWARE THAT THE APPLICATION F	FF IS NON-REF	IINDARIE I	AM AWARE THAT	I AM DECDONCIDI E EOD I	DEING EAMILIAD WITH AND
COMPLYING WITH THE RULES AND RE					
APPLYING. I AM AWARE THAT THE GR					
REQUIRED BY THE CITY OF SAN DIEGO					
RELIEVE ME FROM COMPLYING WITH A					
ZONING, AND FIRE, AND OTHER PUBLIC S					
DEVELOPMENT RIGHTS IN THE PROPER					ITTING A SUPPLEMENTAL
APPLICATION AND FINGERPRINT CARD	S IMMEDIATE	LY UPON HIF	RING NEW EMPLOY	EES.	
		A DD	POVED		
Applicant's Signature	Date		ROVED NIED R	eviewing Officer	- Data
Approant a digitature	Date	DE	K. Cana	eviewing Officer	Date
Fingerprint records on all new employe	es?			Yes [ ] No [ ]	
Current list of employees submitted?				Yes [ ] No [ ]	

## **Live Scan Fingerprint Information**

# Municipal Code §33.0304 - Applicant and Employees to Furnish Fingerprints and Photographs

For the purpose of investigation and for regulation of the occupation or business during the time it is licensed, applicants, *responsible persons*, managers, or *employees* may be required to furnish their fingerprints and photographs. *Fingerprints must be taken by a governmental agency*. The *Chief of Police* shall forward the fingerprints to the Identification Division of the State of California, Department of Justice, or the Federal Bureau of Investigation, for identity confirmation and criminal histories.

### The following are acceptable US Governmental Agencies located in San Diego County:

### **CHULA VISTA**

Chula Vista Police Department 315 Fourth Street Chula Vista, CA 92010 (619) 409-5954 M - F (8am-12pm) Appointments Only M - F (1pm-4pm) Appointments Only www.chulavistapd.org

### **LA JOLLA**

UCSD Police Department 9500 Gilman Dr #0017 La Jolla, CA 92093 (858) 534-4361 **Appointments Only** M - F 9am-3pm

### **SAN DIEGO**

San Diego City Schools Police Services/EOC Bldg 4100 Normal St
San Diego, CA 92103-2682
(619) 725-7015 **Appointments**(619) 725-7014 (Information)
T – F (8:30am-1pm) **Walk In**T – F (2pm-4pm) **Appointments Only**Not open to general public on Monday's Closed School Holidays

#### SAN DIEGO - LSID X54/ML1

San Diego Community College Police 1536 Frazee Road, 1st Floor San Diego, CA 92108 Contact: (619) 388-6416 M-Th (7:30am-5pm) Wlk F (7:30am-12 noon) Wlk E-mail address: dpicou@sdcc.edu

### **ESCONDIDO**

Escondido Police Department 700 W Grand Ave Escondido, CA 92025 Contact: (760) 839-4431 M - F (9:00am-3:30pm) **Appointments Only** 

### LA MESA

La Mesa Police Department (Storefront)
6119 Lake Murray Blvd
La Mesa, CA 91942
(619) 667-1342
M, T, W (10am-4pm) Appointments/Walk
In
Th, F (9am-3pm) Appointments/Walk In

### **SAN DIEGO**

San Diego State University 5500 Campanile Dr SSE-1410 San Diego, CA 92182 (619) 594-3193 M - F (8am-4pm) **Appointments Only** 

# REQUEST FOR LIVE SCAN SERVICE BCII 8016 (3/07)

Applicant Submission			
ORI: CA 0371100	Type of Application: _C	Gun Dealer	
Code assigned by DOJ			
Job Title or Type of License, Certification of	or Permit: Firearm De	aler	
Agency Address Set Contributing Agency:			
San Diego Police Department  Agency authorized to receive criminal history info		08228  Mail Code (five-digit code assigned by D	
P. O. Box 121431 MS 735	mauon	Mail Code (five-digit code assigned by D	
Street No. Street or PO Box		Contact Name (Mandatory for all school	
San Diego CA	92112-1431	(619) 531-2250	
City State	Zip Code	Contact Telephone No.	
Name of Applicant:			
(Please print) Last		First	MI
Alias: Last	First	Driver's License No:	
Date of Birth: Sex:		Misc. No. BIL - Applicant to	Day
Date of Bildi.	Ividie i omale		ncy Billing Number
Height: Weight:		Miss Number	
		Home Address:	
Eye Color: Hair Color:		1	
		Street No. Str	reet or PO Box
Place of Birth:		City, State and Zi	
Social Security Number:		Olty, State and E	ip Code
Social Security Number.			
Your Number:			
OCA No. (Agency Identi If resubmission, list Original ATI	ifying No.)	Level of Service: ODJ	<b>√</b> FBI
Number:			
Employer: (Additional response for agencies specifi			
Not Applicable Employer Name			
Employor rumo			
Street No. Street or PO Box	Ma <sup>r</sup>	il Code (five digit code assigned by DOJ)	
	(	)	
City State Zip	p Code Age	ency Telephone No. (optional)	
Live Scan Transaction Completed By:			
	Name of	f Operator	Date
Transmitting Agency A7	ATI No.		
	TINO.		Amount Collected/Billed